



APPLICATION FOR VARIANCE

State Form 44400 (R7 / 10-13)
Approved by State Board of Accounts, 2013

INDIANA DEPARTMENT OF HOMELAND SECURITY
CODE SERVICES SECTION
302 West Washington Street, Room W246
Indianapolis, IN 46204-2739
http://www.in.gov/dhs/fire/lp_bs_conm_code/



INSTRUCTIONS: Please refer to the attached four (4) page instructions.
Attach additional pages as needed to complete this application.

Variance number (Assigned by department)

14-10-24

1. APPLICANT INFORMATION (Person who would be in violation if variance is not granted; usually this is the owner)

Name of applicant: David Phillips
Title: Project Manager
Name of organization: CV East, LLC
Telephone number: (480) 225-6525
Address (number and street, city, state, and ZIP code): 3701 S Adams St Marion IN 46953

2. PERSON SUBMITTING APPLICATION ON BEHALF OF THE APPLICANT (If not submitted by the applicant)

Name of applicant: _____ Title: _____
Name of organization: _____ Telephone number: () _____
Address (number and street, city, state, and ZIP code): _____

3. DESIGN PROFESSIONAL OF RECORD (If applicable)

Name of design professional: _____ License number: _____
Name of organization: _____ Telephone number: () _____
Address (number and street, city, state, and ZIP code): _____

4. PROJECT IDENTIFICATION

Name of project: CV East, LLC
State project number: 364993
County: Grant
Address of site (number and street, city, state, and ZIP code): 3701 S Adams St Marion IN 46953
Type of project:
☒ New ☐ Addition ☐ Alteration ☐ Change of occupancy ☐ Existing

5. REQUIRED ADDITIONAL INFORMATION

The following required information has been included with this application (check as applicable):

- ☐ A check made payable to the Indiana Department of Homeland Security for the appropriate amount. (see instructions)
☐ One (1) set of plans or drawings and supporting data that describe the area affected by the requested variance and any proposed alternatives.
☐ Written documentation showing that the local fire official has received a copy of the variance application.
☐ Written documentation showing that the local building official has received a copy of the variance application.

6. VIOLATION INFORMATION

Has the Plan Review Section of the Division of Fire and Building Safety issued a Correction Order?

☐ Yes (If yes, attach a copy of the Correction Order.) ☒ No

Has a violation been issued?

☐ Yes (If yes, attach a copy of the Violation and answer the following.) ☒ No

Violation issued by:

☐ Local Building Department ☐ State Fire and Building Code Enforcement Section ☐ Local Fire Department

1008.1.8.3

7. DESCRIPTION OF REQUESTED VARIANCE

Name of code or standard and edition involved

GTSIAR 22-2.4-1 CHAPTER 10 MEANS OF EGRESS

Specific code section

1008.1.3.4

Nature of non-compliance (include a description of spaces, equipment, etc. involved as necessary.)

REQUEST TO CONTROL ACCESS FROM MAIN LOBBY TO OFFICE AREA AT DOOR 100B

THE LOCKING HARDWARE WOULD BE RCI 3360 CUSHION LOCK ON ONE HALF OF DOUBLE DOOR, ONE SIDE PINNED AT FLOOR. THE OFFICE SIDE OF DOOR WILL HAVE A TREX EXIT SENSOR ON CEILING AND A EMERGENCY MANUAL PULL STATION TO DISCONNECT POWER FROM THE FAIL SAFE LOCK. ALSO RELEASED ON ANY FIRE ALARM.

8. DEMONSTRATION THAT PUBLIC HEALTH, SAFETY, AND WELFARE WILL BE PROTECTED

Select one of the following statements:

- ☒ Non-compliance with the rule will not be adverse to the public health, safety or welfare; or
- ☐ Applicant will undertake alternative actions in lieu of compliance with the rule to ensure that granting of the variance will not be adverse to public health, safety, or welfare. Explain why alternative actions would be adequate (be specific).

Facts demonstrating that the above selected statement is true:

9. DEMONSTRATION OF UNDUE HARDSHIP OR HISTORICALLY SIGNIFICANT STRUCTURE

Select at least one of the following statements:

- ☐ Imposition of the rule would result in an undue hardship (unusual difficulty) because of physical limitations of the construction site or its utility services.
- ☒ Imposition of the rule would result in an undue hardship (unusual difficulty) because of major operational problems in the use of the building or structure.
- ☐ Imposition of the rule would result in an undue hardship (unusual difficulty) because of excessive costs of additional or altered construction elements.
- ☐ Imposition of the rule would prevent the preservation of an architecturally or a historically significant part of the building or structure.

Facts demonstrating that the above selected statement is true:

The safety and security of the facility is dependant on having door 100b lockable per the request in Section 7.

10. STATEMENT OF ACCURACY

I hereby certify under penalty of perjury that the information contained in this application is accurate.

Signature of applicant or person submitting application

David Phillips

Please print name

David Phillips

Date of signature (month, day, year)

7.9.14

Signature of design professional (if applicable)

Please print name

Date of signature (month, day, year)

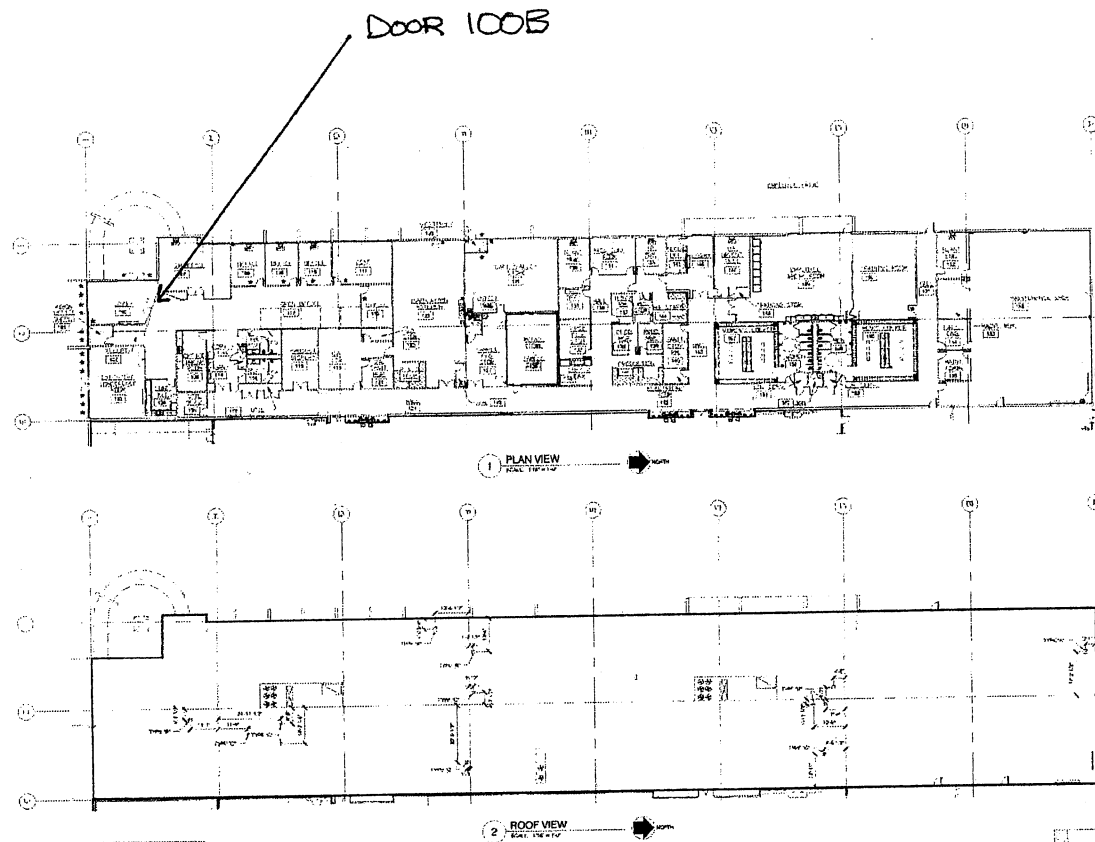
11. STATEMENT OF AWARENESS (If the application is submitted on the applicant's behalf, the applicant must sign the following statement.)

I hereby certify under penalty of perjury that I am aware of this request for variance and that this application is being submitted on my behalf.

Signature of applicant

Please print name

Date of signature (month, day, year)



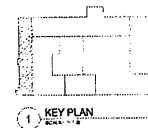
DOOR 100B

1 PLAN VIEW
SCALE 1/8" = 1'-0"

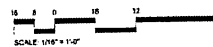
2 ROOF VIEW
SCALE 1/8" = 1'-0"

ROOF OPENING SCH.

TWE	OPENING SIZE
W	15'-0" x 15'-0"
V	15'-0" x 15'-0"
C	15'-0" x 15'-0"



1 KEY PLAN
SCALE 1/8" = 1'-0"



SCALE 1/8" = 1'-0"

PLAN/ROOF OFFICE
LAYOUT



winton architects, inc.
3701 South Adams Avenue, Suite 200
Marion, IN 46653
Phone: (317) 282-8710
Fax: (317) 282-8711

SUN STATE BUILDERS

PROPOSED OFFICE
BUILDING FOR
WAPPAWA
FACILITY



3701 South Adams Avenue
Marion, IN 46653

WAPPAWA INFORMATION SYSTEM, INC.
WAPPAWA INFORMATION SYSTEM, INC.
10000 W. 100th St., Suite 100
Overland Park, KS 66213
Phone: (913) 666-1100
Fax: (913) 666-1101

Rev.	Date	Description
1	10/1/01	Initial Design
2	10/1/01	Final Design
3	10/1/01	Final Design
4	10/1/01	Final Design
5	10/1/01	Final Design
6	10/1/01	Final Design
7	10/1/01	Final Design
8	10/1/01	Final Design
9	10/1/01	Final Design
10	10/1/01	Final Design

Project: 100101
Client: WAPPAWA
Date: 10/1/01
M2.1